



820 PRIOR AUTHORIZATION REQUIREMENTS

REVISION DATES: 03/01/09, 10/01/08, 10/01/07, 05/15/07, 04/01/07, 11/01/06, 08/01/06, 06/01/06, 03/03/06, 01/01/05, 07/01/04, 10/01/01, 07/01/99, 07/01/98, 06/01/98, 02/18/98, 02/12/98, 10/01/97, 05/01/97, 03/14/97, 07/22/96, 10/01/95, 08/01/95, 04/01/95

INITIAL

EFFECTIVE DATE: 10/01/1994

This section identifies AHCCCS Administration FFS PA requirements for covered services for the general FFS population not in FESP. (Refer to [Chapter 1100](#) for all requirements regarding services provided to FESP members.) PA is not required for FFS members receiving services from IHS providers and facilities. A non-IHS provider or facility rendering AHCCCS covered services must obtain PA from the AHCCCS/DFSM/PA Unit for services specified in Policy 820 of this Chapter when scheduling an appointment or admission for the FFS member.

The AHCCCS/DFSM procedural requirements for submitting PA requests via mail, fax or over the telephone, as defined in Policy 810, apply to all services identified in this section, unless specified otherwise. For purposes of this chapter, all PA requests are submitted to the AHCCCS/DFSM/PA Unit for approval or denial.

A. BEHAVIORAL HEALTH

Description. AHCCCS covers behavioral health services (mental health and/or substance abuse services) within limitations depending upon the member's age and eligibility.

Refer to [Chapter 300](#), Policy 310 of this Manual and the [Behavioral Health Services Guide](#) for further information regarding AHCCCS covered behavioral health services and settings.

B. BREAST RECONSTRUCTION AFTER MASTECTOMY

Description. AHCCCS covers breast reconstruction for eligible fee-for-service (FFS) members following a medically necessary mastectomy.

Refer to [Chapter 300](#), Policy 310.



The physician performing the procedure and the facility in which the services are provided must obtain (PA) from the AHCCCS Chief Medical Officer, or designee, for breast reconstruction surgery provided to FFS members.

Refer to the sections of this policy addressing Hospital Inpatient Stays and Physician Services for required documentation to receive PA.

C. COCHLEAR IMPLANTATION

Description. AHCCCS covers medically necessary cochlear implantation for FFS members within certain limits. Providers must obtain approval from the AHCCCS Chief Medical Officer, or designee, for all cochlear implants and related services for FFS members. Requests for PA must include documentation of the appropriate assessments and evaluations for determining suitability for a cochlear implant.

Refer to [Chapter 300](#), Policy 320, and [Chapter 400](#), Policy 430, in this manual for complete information regarding covered cochlear implantation services.

Procedures. FFS provider responsibilities regarding cochlear implantation services include, but are not limited to:

1. The member's implantation specialist (otolaryngologist or otologist) must submit a written request to the AHCCCS Chief Medical Officer, or designee, for approval of the implant.
2. The following documentation must accompany the written request:
 - a. The member's current history and physical examination, including information regarding previous therapy for the hearing impairment
 - b. Records documenting the member's diagnosis, current medical status and plan of treatment leading to the recommendation of implantation, and
 - c. Current psychosocial evaluation and assessment for determining the member's suitability for implant.